02/18/2010 11:52

Image# 10990314198

### **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Use Only	
Since Use Only	
1 1 1 1 1 1 1 1 1 1	
20004	
ZIPCODE 🛕	
AMENDED (A)	

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, ty over the lines	ype	
	American Hospital Association	on PAC			
1 .					1
AD	DRESS (number and street)	325 Seventh Street, NW			
	Check if different than previously reported. (ACC)	Suite 700 Washington		DC	20004
2.	FEC IDENTIFICATION NUM	MBER ♥ CI	TY 🛕	STATE	ZIPCODE 🛕
	C00106146		IS THIS X NE		MENDED
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Due On:	ar 20 (M3) Jui	n 20 (M6) Sep	20 (M8)   Nov 20 (M11)   (Non-Election Year Only)   Dec 20 (M12)   (Non-Election Year Only)   Jan 31 (YE)
	April 15 Quarterly Report(C) July 15 Quarterly Report(C) October 15 Quarterly Report(C) January 31 Quarterly Report(Y)	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12	General C) Special (	
	July 31 Mid-Year Report(Non-electic Year Only) (MY)  Termination Repor (TER)	Post -Election Report for the:	General (30G)	Runoff (S	Special (30S) in the State of
5.	Covering Period 0	1 01 2010	through	01 31	2010
	ertify that I have examined this be or Print Name of Treasurer	Report and to the best of my ki Ms. Melinda Hatton	nowledge and belief it is tru	ue, correct and complete.	
Sig	nature of Treasurer Electro	nically Filed by Ms. Melinda		Date 0 2	1 8 2 0 1 0 e penalties of 2 U.S.C 437g.
	Office Use Only				FEC FORM 3X (Rev. 12/2004)

FE6AN026

### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

American Hospital Association PAC

D " D 0 1 0 1 2010 0.1 31 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 2190847.18 January 1 (b) Cash on Hand at 2190847.18 Begining of Reporting Period ..... 127654.38 127654.38 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2318501.56 2318501.56 6(a) and 6(c) for Column B) ..... 68020.41 68020.41 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 2250481.15 2250481.15 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

2/23

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 23

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From: 0 1

D D D 1

2010

-<sub>0</sub>.

м м О 1 <sup>D</sup> 31

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From     (a) Individuals/Persons Other	1:	
Than Political Committees (i) Itemized (use Schedule A) .	4350.00	4350.00
(ii) Unitemized	4916.00	4916.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9266.00	9266.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9266.00	9266.00
Transfers From Affiliated/Other     Party Committees	118100.00	118100.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	288.38	288.38
3. Transfers from Non-Federal and Levi	in Funds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(l	b)). 0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	127654.38	127654.38
). Total Federal Receipts (subtract Line 18(c) from Line 19)	127654.38	127654.38

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 23

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		ı
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	327.91	327.91
	Expenditures(c) Total Operating Expenditures	027.31	0E1.01
	(add 21(a)(i), (a)(ii) and (b))	327.91	327.91
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	67500.00	67500.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
-	Laser Mada	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))		0.00
9.	Other Disbursements	192.50	192.50
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	2.22	
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	68020.41	68020.41
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	68020.41	68020.41

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 23

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	9266.00	9266.00
84.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	9266.00	9266.00
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	327.91	327.91
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	327.91	327.91

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 23 (check only one)  11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAG Mailing Address One Empire Drive  City Rensselaer  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NY 12144  C C00160259  Occupation  Aggregate Year-to-Date  58500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 1 1 2 2 0 1 0  Transaction ID: 17868241  Amount of Each Receipt this Period  58500.00
Full Name (Last, First, Middle Initial) North Carolina Hospital Assoc. HOSPAC - Feder Mailing Address Post Office Box 4449  City Cary  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NC 27519-4449  C C00194647  Occupation  Aggregate Year-to-Date  58600.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 1 2 0 2 0 1 0  Transaction ID: 17927737  Amount of Each Receipt this Period  58600.00
Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC  Mailing Address 5510 Research Park C  City Madison  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code WI 53725-9038  C C00359455  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 1 2 2 2 2 0 1 0  Transaction ID: 17936451  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)		118100.00
TOTAL This Period (last page this line number	only)	118100.00

## SCHEDULE A (FEC Form 3X)

Reno  FEC ID number of contributing federal political committee.  Name of Employer Nevada Hospital Association	ents may not be sold or used by any person e and address of any political committee to see any political committee to	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mr. Bill M. Welch  Mailing Address 3352 Corey Drive  City  Reno  FEC ID number of contributing federal political committee.  Name of Employer Nevada Hospital Association Receipt For:  Primary General	C 89509-3931  ccupation resident and Chief Executive Officer ggregate Year-to-Date  500.00	Transaction ID: 17868267  Amount of Each Receipt this Period  500.00
on Receipt For: A Primary General	resident and Chief Executive Officer ggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Mr. David L. Woodrum Mailing Address 175 North Harbor Drive  City	State Zip Code	Date of Receipt    0 1
Chicago  FEC ID number of contributing federal political committee.	IL 60601-7344 C	Amount of Each Receipt this Period  1000.00
Woodrum, Inc.	ccupation resident ggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr Paul J Andrews Mailing Address 238 Win St.		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Woburn	State Zip Code MA 01801-2832	Transaction ID: 17906684  Amount of Each Receipt this Period
federal political committee.  Name of Employer Winchester Hospital	ccupation oard Member	350.00
	ggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	·····	1850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 23 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial)  Ms. Deborah Claffin		Date of Receipt
Mailing Address One North Franklin		0 1 1 5 2 0 1 0
City	State Zip Code	Transaction ID: 17906786
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Assistant General Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Mr. Edward J. Quinlan		Date of Receipt
Mailing Address 20 River Run		01 20 2010
City	State Zip Code	Transaction ID: 17927736
East Greenwich	RI 02818-1502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hospital Association of Rhode Island	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Maulik Joshi		Date of Receipt
Mailing Address One North Franklin		M M / D D / Y Y Y Y Y O 1 0 1 2 2 2 2 0 1 0
City Chicago	State Zip Code IL 60606-3436	Transaction ID: 17936447  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	960.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Vice President Research & Pre	si
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
SUBTOTAL of Receipts This Page (optional) .	· · · · · · · · · · · · · · · · · · ·	2210.00

TOTAL This Period (last page this line number only) .....

A.

PAGE 9/23 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr Richard P Ward, Esq. Date of Receipt Mailing Address 1 International Place 26 0.1 2010 Zip Code City State Transaction ID: 17957700 **Boston** MA 02110-2602 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Milton Hospital Occupation **Board Member** Receipt For: Aggregate Year-to-Date General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) В. Mr. Maulik Joshi Date of Receipt Mailing Address One North Franklin 0.1 3 1 2010 City State Zip Code Transaction ID: PR1550494023320 Chicago IL 60606-3436 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer American Hospital Associa-Occupation Senior Vice President Research & Pres tion-Chicago Receipt For: Aggregate Year-to-Date Primary General P/R Deduction (\$40.00 Bi-1000.00 Weekly) Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	290.00
TOTAL This Period (last page this line number only)	<b></b>	4350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	(Check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Citibank, F.S.B.  Mailing Address 1400 G Street, NW		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17991897
Washington  FEC ID number of contributing federal political committee.	DC 20005	Amount of Each Receipt this Period  288.38
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 288.38	Interest Earned

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	288.38
TOTAL This Period (last page this line number only)	<b>•</b>	288.38

		3 (FEC Form 3) SBURSEMENTS	Uses	eparate schedule(s ch category of the	) FOR LIN (check or	E NUMBER: PAGE 11 / 23 nly one)
			Detail	ed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
						for the purpose of soliciting contributions colicit contributions from such committee
_	NAME OF COM			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	•	First, Middle Initial) enatorial Campaign C	committee			Transaction ID: 17922187 Date of Disbursement
	Mailing Address	120 Maryland Ave	enue, NE			01 M / D D / Y Y Y Y Y Y
	City Washington		State DC	Zip Code 20002		Amount of Each Disbursement this Perio
	Purpose of Disbu 2010 Contribution				011	15000.00
	Candidate Name				Category/ Type	
	Office Sought:	Senate President	Disbursement Fo Primary Other (			2010 Contribution
	•	District: First, Middle Initial) Jnited States Congre	ice.			Transaction ID: 17925439
	Mailing Address	PO Box 32175	:55			Date of Disbursement  M M / D D D / Y Y Y O Y O Y  1 1 1 2 2 0 1 0
	City Detroit		State MI	Zip Code 48232		Amount of Each Disbursement this Period
	Purpose of Disbu	ırsement	IVII	40232	011	1000.00
	Candidate Name	Cheeks Kilpatrick			Category/ Type	
	Office Sought: State: MI	X House Senate President District: 13	Disbursement Fo  X Primary  Other (			Contribution
	•	First, Middle Initial) ect Rick Larsen				Transaction ID: 17925442 Date of Disbursement
	Mailing Address	PO Box 326				
	City Everett		State WA	Zip Code 98206		Amount of Each Disbursement this Perio
	Purpose of Disbu Contribution	irsement			011	2500.00
	Candidate Name Rep. Rick Lars				Category/ Type	
	Office Sought:	Senate President	Disbursement Fo X Primary Other (			Contribution
	State: WA	District: 02				
			ptional)			18500.00

		(FEC FOIIII	•		arate schedule(s)			OR LINE neck only		R:		L	PAG	iE 12/	23
ITE	EMIZED DIS	SBURSEMEN	ITS		category of the Summary Page			21b 27	22 28a	Х	23 28b	2 2	4 8c	25 29	
or fo	or commercial pur	ed from such Reports						person fo	or the pu		se of se	olicitin	g cont	tribution	
`	NAME OF COMN American Hosp	MITTEE (In Full) pital Association P	PAC												
	Pete Stark Re-	First, Middle Initial) Election Committe	ee						Date		on ID:	ement	92547	77 2 0 1 (	n Y
	Mailing Address  City	P.O. Box 8331		State	Zip Code					ınt o			ırcom	ent this	
	Fremont	vo amont		CA	94537				Alliou	iiit O	Lacii	DISDU	-	2500.00	
	Purpose of Disbu Contribution Candidate Name					C	01 ateg	1 Jory/			•				
	Rep. Fortney P Office Sought: State: CA	X House Senate President District: 13		ment For: Primary Other (spe	2010 General		Тур	e	Contr	ibut	ion				
	Full Name (Last, Campaign for C	First, Middle Initial) Change	•						Date		on ID:	ement			Y
	Mailing Address	202 Bonham R	ld						0 1		2	2 <b>0</b> /	L.	ž 0 1 (	0
	City Dedham			State MA	Zip Code 02026				Amou	int o	f Each	Disbu		ent this	
	Purpose of Disbu 2010 Contribution Candidate Name	1				C	01 ateg	1 Jory/			•		2	2000.00	<u>.                                    </u>
	Campaign for ( Office Sought: State:	House Senate President District:	Disburse	ment For: Primary Other (spe	General ♥		Тур	ne	2010	Cor	ntribu	tion			
	Full Name (Last, Pastor For Ariz	First, Middle Initial) zona							Date	of D	on ID:	ement	98757		
	Mailing Address	PO Box 1978							0 <sup>M</sup> 1	М	<sup>′</sup> 2	2 <b>0</b> /	Y	ž 0 1 (	O Y
	City Phoenix			State AZ	Zip Code 85001				Amou	int o	f Each	Disbu	-	ent this	
	Purpose of Disbu Contribution Candidate Name	rsement					01							1000.00	)
	Edward Pastor		1 5				Typ	jory/ e							
	Office Sought:	X House Senate President District: 02		ment For: Primary Other (spe	2010 General				Contr	ibut	ion				
	State: AZ	District: 02	e (optional) .							•	*			500.00	)

IT		rm 3X)	Use sepa	arate schedule(s)	FOR LIN	-	PAGE 13 / 23
	EMIZED DISBURSEM	ENTS	for each	category of the Summary Page	(check o	22 X 23 28a 28	
	y Information copied from such Rep for commercial purposes, other than				d by any perso	n for the purpose o	f soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association		and addre	ss of any political	COMMITTEE TO	Solicit Contributions	s nom such committee
<u>/</u>	Full Name (Last, First, Middle Initia Texans For Lamar Smith	al)				Transaction Date of Disbu	ID: 17987577 ursement
	Mailing Address PO Box 61	55				01 /	D 2 0 Y 2 0 1 0 Y
	City San Antonio		tate X	Zip Code 78209		Amount of Ea	ach Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name				011		1000.00
	Rep. Lamar S. Smith  Office Sought: X House	Disbursen	ent For	2010	Category/ Type		
	Senate President State: TX District: 21	X	Primary Other (spe	General		Contribution	1
	Full Name (Last, First, Middle Initia Friends Of Carolyn McCarthy	,				Date of Disbu	
	Mailing Address 151 Linden	Pond				0 1 / O	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	TOT LINGER	nuau					
	City Mineola	S	tate	Zip Code 11501			
	City Mineola Purpose of Disbursement Contribution	S			011		
	City Mineola Purpose of Disbursement	S			011 Category/ Type		ach Disbursement this Period
	City Mineola Purpose of Disbursement Contribution Candidate Name	S S N	1Y	2010 General	Category/		ach Disbursement this Perio
	City Mineola  Purpose of Disbursement Contribution Candidate Name Rep. Carolyn McCarthy  Office Sought:  X House Senate President	Disbursen X	nent For: Primary	2010 General	Category/	Amount of Ea  Contribution  Transaction Date of Disbu	ach Disbursement this Perio 1000.00
	City Mineola  Purpose of Disbursement Contribution  Candidate Name Rep. Carolyn McCarthy  Office Sought:  X House Senate President  State: NY District: 04  Full Name (Last, First, Middle Initial Friends Of Congressman Times)	Disbursen X	nent For: Primary	2010 General	Category/	Amount of Ea	ach Disbursement this Perior 1000.00
	City Mineola  Purpose of Disbursement Contribution Candidate Name Rep. Carolyn McCarthy  Office Sought:  X House Senate President State: NY District: 04  Full Name (Last, First, Middle Initial Friends Of Congressman Time	Disbursen  Al)  n Holden  al St., Box 37	nent For: Primary	2010 General	Category/	Contribution  Transaction Date of Disbut	ID: 17987579 ursement  D 2 0
	City Mineola  Purpose of Disbursement Contribution Candidate Name Rep. Carolyn McCarthy  Office Sought: X House Senate President State: NY District: 04  Full Name (Last, First, Middle Initiation Friends Of Congressman Time Mailing Address 18 N. Secoentics  City Saint Clair  Purpose of Disbursement Contribution	Disbursen  Al)  n Holden  al St., Box 37	nent For: Primary Other (spe	2010 General ecify)   Zip Code	Category/ Type	Contribution  Transaction Date of Disbut	ID: 17987579 ursement  D 2 0
	City Mineola  Purpose of Disbursement Contribution  Candidate Name Rep. Carolyn McCarthy  Office Sought:  X House Senate President State: NY District: 04  Full Name (Last, First, Middle Initiant Friends Of Congressman Time  Mailing Address  18 N. Seconorial Secono	Disbursen  All)  n Holden  nd St., Box 37	nent For: Primary Other (spe	2010 General ecify) ▼	Category/ Type	Contribution  Transaction Date of Disbut	ID: 17987579 ursement  D 2 0 / Y 2 0 1 0 Y 2 on the period of the period
	City Mineola  Purpose of Disbursement Contribution Candidate Name Rep. Carolyn McCarthy  Office Sought:  X House Senate President State: NY District: 04  Full Name (Last, First, Middle Initiation Friends Of Congressman Time Mailing Address  18 N. Seco  City Saint Clair  Purpose of Disbursement Contribution Candidate Name	Disbursen  A  Disbursen  Disbursen  X	nent For: Primary Other (spe	2010 General ecify) ▼  Zip Code 17970  2010  General	Category/ Type  011 Category/	Contribution  Transaction Date of Disbut	ID: 17987579  ID: 20 / 2010  Ach Disbursement this Period  ach Disbursement this Period  2000.00

IT	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check onl)	y one) 22   X   23   24   25   28a   28b   28c   29   3
	y Information copied from such Reports and State for commercial purposes, other than using the nar				
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
<u>/</u>	Full Name (Last, First, Middle Initial) Friends Of Mark Warner				Transaction ID: 17987580 Date of Disbursement
	Mailing Address 201 North Union Street	Suite 300			01
	City Alexandria	State VA	Zip Code 22314		Amount of Each Disbursement this Period
	Purpose of Disbursement 2014 Contribution			011	1000.00
	Candidate Name Sen. Mark Warner			Category/ Type	
	X Senate President	sement For: C Primary Other (spe	2014 General		2014 Contribution
	State: VA District:  Full Name (Last, First, Middle Initial) Chet Edwards For Congress				Transaction ID: 17987581 Date of Disbursement
	Mailing Address PO Box 23273				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City Waco	State TX	Zip Code 76702		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	1500.00
	Candidate Name			Category/ Type	
	Rep. Chet Edwards			71	
	Office Sought:  X House Senate President  Disburs	sement For: C Primary Other (spe	2010 General ecify)	71	Contribution
	Office Sought: X House Disburs	C Primary	General	<i>3</i> 1	Transaction ID: 17987582 Date of Disbursement
	Office Sought:  X House Senate President State: TX District: 17  Full Name (Last, First, Middle Initial)	Other (spe	General	,,	Transaction ID: 17987582
	Office Sought:  X House Senate President State: TX District: 17  Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund	Other (spe	General	<i>x</i>	Transaction ID: 17987582 Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Office Sought:  X House Senate President State: TX District: 17  Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund  Mailing Address 715 Jones Street, Suite  City Fort Worth Purpose of Disbursement Contribution	Other (spe	General ecify) ▼  Zip Code	011	Transaction ID: 17987582 Date of Disbursement  O 1
	Office Sought:  X House Senate President State: TX District: 17  Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund  Mailing Address 715 Jones Street, Suite  City Fort Worth Purpose of Disbursement Contribution Candidate Name Rep. Kay Granger	Other (spe	General ecify) ▼  Zip Code 76102		Transaction ID: 17987582 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Office Sought:  X House Senate President State: TX District: 17  Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund  Mailing Address 715 Jones Street, Suite  City Fort Worth Purpose of Disbursement Contribution Candidate Name Rep. Kay Granger  Office Sought: X House  Disburs	Other (spe	General ecify)   Zip Code 76102  2010  General	011 Category/	Transaction ID: 17987582 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

# SCHEDIII E B (FEC Form 3Y)

		(FEC FOIIII	•		arate schedule(s)			CHECK ON	E NUMB Iv one)	EK:			PA	IGE	15 / 2	23
TE	EMIZED DIS	SBURSEMEN	TS		category of the Summary Page			21b 27	22 28a	X	23 28b	П	24 28c	Н	25 29	
r fo		ed from such Reports poses, other than usi						y person	for the p	ourpo	se of s		ing co		utions	
〉 —	American Hosp	oital Association P	AC													
	McCollum For								Date	of C	ion IC Disburs				0 1 0	Y
	Mailing Address	P.O. Box 1413	1						0	<u>.                                    </u>		20	L		0 1 0	
	City St. Paul			State MN	Zip Code 55114				Amo	ount o	of Eac	h Dis	burse	ment	this F	Perio
	Purpose of Disbu Contribution	rsement					0-					•		200	00.00	
	Candidate Name Rep. Betty Mc0	Collum					ate Ty	gory/ pe								
	Office Sought: State: MN	X House Senate President District: 04		ment For: Primary Other (spe	2010 General				Con	tribu	tion					
		First, Middle Initial) or Congress Comm	nittee								ion IC	seme		, . v	V	V
	Mailing Address	726 Sixteenth S	Street NE						O <sup>M</sup>			27	Ĺ	2	010	'
	City Massillon			State OH	Zip Code 44646				Amo	ount o	of Eac	h Dis	burse	ment	this F	Perio
	Purpose of Disbu Contribution	rsement				Г	0-	11						100	00.00	
	Candidate Name Rep. Zachary	Г. Ѕрасе					ate Ty	gory/ pe								
	Office Sought: State: OH	X House Senate President District: 18	Disburse	ment For: Primary Other (spe	2010 X General cify) ▼				Con	tribu	tion					
		First, Middle Initial)									ion IC	seme		358		
	Mailing Address	400 North Capi Suite 585	tol St, NW	I					O <sub>M</sub> .	м 1	/ D	27	/ Y	Ž	0 Í 0	Y
	City Washington			State DC	Zip Code 20001				Amo	ount o	of Eacl	h Dis	burse	-		_
	Purpose of Disbu 2010 Contribution						0-	11						250	00.00	
	Candidate Name Bluegrass Con	nmittee					ate Ty	egory/ pe								
	Office Sought: State:	House Senate President District:	Disburse	ment For: Primary Other (spe	General cify) ▼				2010	) Co	ntribu	ution				
		oursements This Page	(ontional)					<b>•</b>		•		•		550	0.00	

# SCHEDULE B (FEC Form 3X)

		Use separate schedule(	s)		OR LINE heck onl					1710	<i></i>	16 / 2	
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ë	21b 27	22 28a	X	23 28b	$oldsymbol{\sqcup}$	24 28c	ш.	25 29	20
	y Information copied from such Reports and State for commercial purposes, other than using the nan												
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
	Full Name (Last, First, Middle Initial) Mission PAC					Date	of Di	on ID:	emen				
	Mailing Address 1831 Bay Street SE					0 1	М		2 <sup>D</sup>	′	Ž (	) 1 0	<u> </u>
	City Washington	State Zip Code DC 20003				Amou	ınt o	f Each	Disb	-	-		eriod
	Purpose of Disbursement 2010 Contribution Candidate Name			01		L.					2500	0.00	
	Mission PAC	ement For:		Ту	gory/ pe								
	Senate President State: District:	Primary General Other (specify)				2010	Cor	ntribu	tion				
	Full Name (Last, First, Middle Initial) Majority Committee PAC							on ID:			162		
	Mailing Address PO Box 10134					0 <sup>M</sup> 1	М	<sup>D</sup> 2	2 7	/ Y	ž c	) 1 O	Y
	City Bakersfield	State Zip Code CA 93389				Amou	ınt o	f Each	Disb				eriod
	Purpose of Disbursement 2010 Contribution Candidate Name				gory/			•		•	1000	0.00	•
	Majority Committee PAC  Office Sought: House Senate President  State: District:	ement For: Primary General Other (specify) ▼	<u> </u>	Ту	pe	2010	Cor	ntribu	tion				
	Full Name (Last, First, Middle Initial) Tuesday Group PAC					Date	of Di	on ID:	emen				
	Mailing Address PO Box 40385					0 <sup>M</sup> 1	М	<sup>D</sup> 2	2 7	/ L	žo	) 1 O	Y
	City Washington	State Zip Code DC 20016				Amou	ınt o	f Each	Disb	-			eriod
	Purpose of Disbursement 2010 Contribution			01		L.				-	1500	0.00	
	Candidate Name Tuesday Group PAC			ate Ty	gory/ pe								
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)				2010	Cor	ntribu	tion				
	SUBTOTAL of Disbursements This Page (optional)						_				-000	0.00	

FE6AN026

# SCHEDULE B (FEC Form 3X)

ΙT		Use separate schedule(	>)	(chec	only one	!)						
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	, [	21	b 🗀 2	2 () 8a (	23 28b	$\square$	24 28c	_	25 29	2 3
	r Information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)											
$\geq$	American Hospital Association PAC											
	Full Name (Last, First, Middle Initial) Capuano For Congress Committee  Mailing Address PO Box 440305						tion ID Disburs				0 1 0	Y
	City	State Zip Code			Δ	mount	of Each		ourser			
	Somerville	MA 02144	_							-		
	Purpose of Disbursement Contribution Candidate Name		_	011 tegory	]   [	•				100	0.00	0
	Rep. Michael E. Capuano			педогу. Гуре								
	Office Sought:  X House Senate President State: MA District: 08	oursement For: 2010  X Primary General  Other (specify) ▼			С	ontribu	ution					
	Full Name (Last, First, Middle Initial)						tion ID	. 47	7000	467		
	Jesse Jackson Jr For Congress						Disburs				0 1 0	Y
	Mailing Address P.O. Box 490286				L	JI	4	2 /		2 (	010	_
	City	State Zip Code				mount	of Each	Dich	nırear	ment	this Pe	ario
	Chicago	IL 60649				mount	oi Laci	I DISC	Juisci		0.00	5110
			_	011		mount	or Laci	I DISC	Juisci		0.00	5110
	Chicago Purpose of Disbursement Contribution		Ca			mount	OI Laci	I DISC	, and a second		0.00	
	Chicago Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr.		Ca	tegory		ontribu		Disc	a a		0.00	
	Chicago Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought:  X House Senate President  President	Dursement For: 2010  X Primary General	Ca	tegory		ontribu ransac ate of I	ution tion ID Disburs	: 17	79884	100		
	Chicago Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought:  X House Senate President State: IL District: 02 Full Name (Last, First, Middle Initial)	oursement For: 2010  X Primary General  Other (specify) ▼	Ca	tegory	C	ontribu	ution tion ID Disburs	: 17	79884	100	0.00 0 1 0	
	Chicago  Purpose of Disbursement Contribution  Candidate Name Rep. Jesse L. Jackson, Jr.  Office Sought:  X House Senate President State: IL District: 02  Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis	oursement For: 2010  X Primary General  Other (specify) ▼	Ca	tegory	C C	entribu ransac ate of I	ution tion ID Disburs	: 17 emen	79884 it	1000 469 2 (	0 Î 0	Y
	Chicago Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought:  X House Senate President State: IL District: 02  Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis  Mailing Address 5956 W. Race Avenuation City Chicago Purpose of Disbursement Contribution	oursement For: 2010  X Primary General Other (specify) ▼	Ca	tegory. Γγρe	C	entribu ransac ate of I	tion ID	: 17 emen	79884 it	1000 469 2 (	0 1 0	Y
	Chicago Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought:  X House Senate President State: IL District: 02  Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis  Mailing Address 5956 W. Race Aveni  City Chicago Purpose of Disbursement	oursement For: 2010  X Primary General Other (specify) ▼	Ca	tegory. Гуре	C	entribu ransac ate of I	tion ID	: 17 emen	79884 it	1000 469 2 (	0 Î 0	Y
	Chicago Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought: X House Dis Senate President State: IL District: 02 Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis Mailing Address 5956 W. Race Avenication City Chicago Purpose of Disbursement Contribution Candidate Name Rep. Danny K. Davis	oursement For: 2010  X Primary General Other (specify) ▼	Ca	tegory. Γγρe	C T [	entribu ransac ate of I	ution  tion ID  Disburs  / Disburs  of Each	: 17 emen	79884 it	1000 469 2 (	0 Î 0	Y

# SCHEDIII E B (FEC Form 3Y)

Detailed Summary Page	SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)		NUMBER: PAGE 18 / 23
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Nunes For Congress  Mailing Address PO Box 891  City State Zip Code CA 93256  Purpose of Disbursement Contribution  Office Sought: X House President State: CA District: 21  Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Mailing Address 12 Trumbull Street  City State Zip Code CT 06511  Purpose of Disbursement Contribution  Transaction ID: 17988471  Date of Disbursement this  Category' Type  Contribution  Transaction ID: 17988471  Date of Disbursement Contribution  Transaction ID: 17988471  Date of Disbursement  Office Sought: X Primary General Purpose of Disbursement Contribution  Candidate Name Rep. Rosa DeLauro  Office Sought: X House President State: CT District: 03  Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Mailing Address 12 Trumbull Street  City Haven CT 06511  Purpose of Disbursement Contribution  Contribu	ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
NAME OF COMMITTEE (In Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Nunes For Congress  Mailing Address PO Box 891  City State Zip Code CA 93256 Purpose of Disbursement Contribution Candidate Name President State: CA District: 21  Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Office Sought: X House Senate President State: CT District: 21  City New Haven Category Type  Office Sought: X House Senate President State: CT District: 21  Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Office Sought: X House CT 06511  Purpose of Disbursement Contribution  Office Sought: X House CT 06511  Purpose of Disbursement Contribution  Candidate Name President State: CT 06511  Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Office Sought: X House Senate President State: CT 06511  Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Office Sought: X House Senate President State: CT 06511  City Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Office Sought: X House Senate President State: CT 06511  City Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Office Sought: X House Senate President State: CT 06511  City Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Office Sought: X House Senate President State: CT 06511  City Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Office Sought: X House Senate Primary A General Primary				
Malling Address PO Box 891  City State Zip Code Pixitey CA 93256  Purpose of Disbursement Contribution Candidate Name Malling Address 12 Trumbull Street  City State CA District: 21  Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Malling Address 12 Trumbull Street  City Senate President Senate Contribution  Contribution  City State City State City Office Sought: X Primary General President Disbursement this Contribution  Transaction ID: 1798471  Date of Disbursement this Contribution  Contribution  Transaction ID: 1798471  Date of Disbursement this Contribution  Contribution  Contribution  Contribution  Contribution  Transaction ID: 1798473  Date of Disbursement this Contribution  Contribution  Transaction ID: 1798473  Date of Disbursement this Contribution  Transaction ID: 1798473  Date of Disbursement this Contribution  Contribution  Transaction ID: 1798473  Date of Disbursement this Contribution	NAME OF COMMITTEE (In Full)			
City   State   Zip Code   CA   93256				Date of Disbursement
Pixley CA 93256  Purpose of Disbursement Contribution Candidate Name Mr. Devin Nunes Office Sought:	Mailing Address PO Box 891			$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Purpose of Disbursement Contribution  Office Sought:				Amount of Each Disbursement this Period
Mr. Devin Nunes  Office Sought:	Purpose of Disbursement		011	1000.00
Senate President State: CA District: 21  Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Mailing Address 12 Trumbull Street  City New Haven CT 06511  Purpose of Disbursement Contribution  Office Sought: X House Senate President State: CT District: 03  Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Disbursement For: 2010 Category/ Type  Contribution  Candidate Name Rep. Rosa DeLauro  Mailing Address 12 Trumbull Street  Transaction ID: 17988471 Date of Disbursement this 500.0  Amount of Each Disbursement this 500.0  Contribution  Contribution  Transaction ID: 17988473  Contribution  Contribution  Transaction ID: 17988473  Contribution  Transaction ID: 17988473  Date of Disbursement Eor: 2010  Contribution  Transaction ID: 17988473  Date of Disbursement  Office Sought: X House Senate CT 06511  Purpose of Disbursement  Contribution  Candidate Name Rep. Rosa DeLauro  Office Sought: X House Senate President Senate President Other (specify) ▼  Office Sought: X House Senate President Other (specify) ▼  Office Sought: X House Senate President Other (specify) ▼  Contribution  Contribution  Contribution  Contribution  Contribution  Contribution  Contribution				
Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Mailing Address 12 Trumbull Street  City New Haven Contribution Condidate Name Rep. Rosa DeLauro  Mailing Address 12 Trumbull Street  City New Haven Contribution Condidate Name Rep. Rosa DeLauro  Mailing Address 12 Trumbull Street  Contribution  Contribution  Contribution  Contribution  Friends Of Rosa DeLauro  City New Haven  City Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Mailing Address 12 Trumbull Street  City New Haven  City New Haven	Senate President	X Primary General		Contribution
City   State   Zip Code   CT   06511	Full Name (Last, First, Middle Initial)			
New Haven CT 06511  Purpose of Disbursement Contribution  Candidate Name Rep. Rosa DeLauro  Office Sought:	Mailing Address 12 Trumbull Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \  \   \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & 7 \end{smallmatrix} \end{bmatrix} \  \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & 1 & O \end{smallmatrix} \end{bmatrix}$
Contribution  Candidate Name Rep. Rosa DeLauro  Office Sought:	•			Amount of Each Disbursement this Period
Rep. Rosa DeLauro  Office Sought:	Contribution			500.00
Senate President Other (specify) ▼  State: CT District: 03  Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro  Mailing Address 12 Trumbull Street  City State Zip Code New Haven CT 06511  Purpose of Disbursement Contribution  Candidate Name Rep. Rosa DeLauro  Office Sought: X House Senate President State: CT District: 03  Senate Primary General Contribution  Transaction ID: 17988473 Date of Disbursement  0 1				
Friends Of Rosa DeLauro  Mailing Address 12 Trumbull Street  City State Zip Code New Haven CT 06511  Purpose of Disbursement Contribution  Candidate Name Rep. Rosa DeLauro  Office Sought: X House Senate Primary X General Other (specify)  State: CT District: 03  State Zip Code Amount of Each Disbursement this Category/ Type  Contribution  Candidate Name Rep. Rosa DeLauro  Office Sought: X House Primary X General Other (specify)  Contribution	Senate President	X Primary General		Contribution
City New Haven CT 06511  Purpose of Disbursement Contribution Candidate Name Rep. Rosa DeLauro  Office Sought:  X House President President State: CT District: 03  Amount of Each Disbursement this  500.0  Category/ Type  Contribution  Contribution  Contribution  Contribution	,			Date of Disbursement
New Haven CT 06511  Purpose of Disbursement Contribution Candidate Name Rep. Rosa DeLauro  Office Sought:	Mailing Address 12 Trumbull Street			01 27 7 2010
Contribution  Candidate Name Rep. Rosa DeLauro  Office Sought:  X House Senate President President State: CT  District: 03  Disbursement For: Primary X General Other (specify)  Other (specify)				Amount of Each Disbursement this Period
Rep. Rosa DeLauro  Office Sought: X House Senate Primary X General President State: CT District: 03  Disbursement For: 2010 Contribution  Contribution			011	500.00
Senate Primary X General Other (specify) ▼  State: CT District: 03  Contribution  Contribution				
2000	Senate President	Primary X General		Contribution
SUBTOTAL of Disbursements This Page (optional)				2000.00
	SUBTOTAL of Disbursements This Page (opti	onal)	<u> </u>	2000.00

В.

C.

SCHEDULE B (FEC Form 3X)	USE SEPARALE SCREAMERS)					NE NUMBER: PAGE 19 / 23 inly one)						23		
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ė	21b 27	Á	22 28a	X	23 28b	$\frac{2}{2}$	4 8c	Н	25 29	26 30b
Any Information copied from such Reports and State														S
or for commercial purposes, other than using the nan  NAME OF COMMITTEE (In Full)	ne and addre	ss of any political	com	ırr	iittee to s	OIIC	it contr	ibuti	ons ire	om su	cn c	omn	nittee	
American Hospital Association PAC														
Full Name (Last, First, Middle Initial) Simpson For Congress							Trans		on ID:		988	476		
Mailing Address 1487 Parkway Drive							0 <sup>M</sup> 1	М	<sup>D</sup> 2	2 <b>7</b>	Y	ž	0 ť (	O Y
City Blackfoot	State ID	Zip Code 83221					Amou	nt of	Each	Disbu	irse	men	t this	Period
Purpose of Disbursement Contribution				0	11			_				10	00.00	)
Candidate Name Rep. Michael K. Simpson					egory/ ype									
X	sement For:  C Primary  Other (spe	2010 General					Contri	ibut	ion					
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	170	288	177		
Gene Green Congressional Campaign									sburse		,00	7//		
Mailing Address PO Box 16128							o <sup>M</sup> 1	М	<sup>D</sup> 2	27	Y	ž	0 ť (	) Y
City Houston	State TX	Zip Code 77222					Amou	nt of	Each	Disbu	irse			-
Purpose of Disbursement Contribution				_	11		L.					10	00.00	)
Candidate Name Rep. Gene Green					egory/ ype									
Senate President	ement For: C Primary Other (spe	2010 General					Contri	ibut	ion					
State: TX District: 29														
Full Name (Last, First, Middle Initial) Moore For Congress									sburse	ement	988			V
Mailing Address PO Box 16646							0 1	IVI	2	27	Ľ	ž	0 1 (	י ט
City Milwaukee	State WI	Zip Code 53216					Amou	nt of	Each	Disbu	irse	-		
Purpose of Disbursement Contribution				_	11		L.	•				ļŪ	00.00	)
Candidate Name Rep. Gwendolynne Moore	omont Car	2010			egory/ ype									
Senate President	ement For: C Primary Other (spe	2010 General ecify) ▼				Contribution								
State: WI District: 04  SUBTOTAL of Disbursements This Page (optional)									•		<u> </u>	300	0.00	<u> </u>
ODDIVIAL OF DISDUISEMENTS THIS Page (Optional)				••••	<u>.                                    </u>		$\Rightarrow$		-		-		112	

TOTAL This Period (last page this line number only) ......

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		_		NUME	BER	l:			P	AGE	20 / 2	23
IT _	EMIZED DISBURSEMENTS	for each	category of the Summary Page			eck onl 21b 27	22 28a	<u>a</u> [		23 28b		24 28c		25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the na														3
\	NAME OF COMMITTEE (In Full)		oo or arry pormour				511011 001		-	3110 11	-				
$\rangle$	American Hospital Association PAC														
<b>/</b>	Full Name (Last, First, Middle Initial) Welch For Congress						_			on ID sburs		17988 lent	3480	)	
	Mailing Address PO Box 1682						O <sup>M</sup>		_ ′	D	2 7	'	Ý Ž	0 1 C	) <sup>Y</sup>
	City Burlington	State VT	Zip Code 05402				Am	oun	t of	Each	n D	isburse	emen	t this F	Period
	Purpose of Disbursement Contribution			Г	01								10	00.00	)
	Candidate Name Rep. Peter Welch			С	ateg Typ	•									
	9 1	rsement For: X Primary Other (spe	2010 General				Con	ıtrik	outi	on					
	State: VT District: 01														
	Full Name (Last, First, Middle Initial) Scott Murphy For Congress						Dat	e of	Dis	sburs	em				_
	Mailing Address 5 South Side Dr #224						O		_ ′	D 2	2 7		ž	0 1 0	) Y
	City Clifton Park	State NY	Zip Code 12065				Am	oun	t of	Each	n D	isburse	emen	t this F	Perioc
	Purpose of Disbursement Contribution			Г	01				_		_		15	00.00	)
	Candidate Name Rep. Scott M. Murphy			С	ateg Typ										
	9 1	x Primary Other (spe	2010 General				Con	ıtrik	outi	on					
	Full Name (Last, First, Middle Initial) Bill Owens For Congress						1			sburs	em		3484		
	Mailing Address PO Box 1575						O <sup>M</sup>	1 M	_ ′	D 2	2 7	'	Ý Ž	0 1 C	) <sup>Y</sup>
	City Plattsburgh	State NY	Zip Code 12901				Am	oun	t of	Each	n D	isburse	-		
	Purpose of Disbursement Contribution				01							-	25	00.00	)
	Candidate Name Rep. William Owens			С	ateg Typ										
	X	rsement For: X Primary Other (spe	2010 General ecify)				Con	ıtrik	outi	on					
	Diotriot. LU						1								

A.

В.

C.

		B (FEC Form	Use separate scriedule(s)				FOR LIN		NUMBER: PAGE 21 / 23						23			
ITE	EMIZED DIS	SBURSEMEN	TS	Detailed Summary Page				21b 27		22 28a	Х	23 28b	2	1 3c		25 29		26 30b
		ed from such Reports						ny perso		the pu		se of so	olicitino	con		utions	3	
	NAME OF COM	•	ng the name	and addres	ss of arry political	COII		iiiiee io	30110	it COIIti	ibut	10115 110	JIII Suc	11 001		iiiiee		
<b>\</b>		oital Association P	AC															
		First, Middle Initial)										on ID:	-	8850	02			
	Hawkeye PAC										of Di м	sburse		Υ	Y	Y -	Υ	
	Mailing Address	P.O.Box 7255								0 1		<sup>/</sup> 2	8	L.	2	0 1 (	)	
	City Des Moines			State IA	Zip Code 50309					Amou	nt o	f Each	Disbu					od
	Purpose of Disbu 2010 Contribution						C	)11			0			Ę	500	00.00	)	
	Candidate Name Hawkeye PAC							egory/ ype										
	Office Sought:	House Senate President District:	Disburse	ment For: Primary Other (spe	General cify) ▼			<u> </u>		2010	Cor	ntribut	ion					
		First, Middle Initial)								Trans	acti	on ID:	170	2250	าล			
	Nelson 2012											isburse			00			
	Mailing Address	PO Box 8666								0 <sup>M</sup> 1	М	<sup>/</sup> 2	8 /	Y	ž	0 Ý (	) <sup>Y</sup>	
	City Omaha			State NE	Zip Code 68108					Amou	nt o	f Each	Disbu	rsem	ent	this	Perio	od
	Purpose of Disbu					Г	C	)11		L.	0				50	00.00	)	
	Candidate Name Sen. Ben Nelso	on						egory/ ype										
٠	Office Sought:	House X Senate President		ment For: Primary Other (spe	2012 General					2012	Cor	ntribut	ion					
	State: NE	District:																
	Full Name (Last, Frank Kratovil	First, Middle Initial) For Congress									of D	isburse	ement	885 <sup>-</sup>	16			
	Mailing Address	222 Main Sail I PO Box 518	Orive							0 <sup>M</sup> 1	М	<sup>/</sup> 2	8 /	Y	ž	0 ť (	) <sup>Y</sup>	
	City Stevensville			State MD	Zip Code 21666					Amou	nt o	f Each	Disbu					od
	Purpose of Disbu Contribution	rsement					_							1	150	0.00	)	
	Candidate Name Rep. Frank M.	Kratovil, Jr.				Ca	at	egory/ ype										
	Office Sought:	X House Senate President		ment For: Primary Other (spe	2010 General					Contri	but	ion						
	State: MD	District: 01		Julio (500	·~·· <i>J</i> ) ▼													
SU	JBTOTAL of Disk	oursements This Page	e (optional) .					▶				•		. 7	00	0.00	)	
							_											

TOTAL This Period (last page this line number only) .....

Any Information copied or for commercial purpose of for commercial purpor for commercial purpose of Disbur	poses, other than using to the street of the	for each Detailed  I Statements may not he name and addre		21b 27 d by any person	22 X 23 24 25 29 29 or or the purpose of soliciting contributions solicit contributions from such committee
or for commercial purp  NAME OF COMM  American Hosp  Full Name (Last, F  Larry Kissell Fo  Mailing Address  City  Biscoe  Purpose of Disbur	poses, other than using to the state of the	he name and addre			colicit contributions from such committee
Larry Kissell Fo  Mailing Address  City Biscoe  Purpose of Disbur	r Congress				
Biscoe  Purpose of Disbur					Transaction ID: 17988521 Date of Disbursement  M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		State NC	Zip Code 27209		Amount of Each Disbursement this Period
Contribution  Candidate Name  Rep. Larry Kiss  Office Sought:	ell	Disbursement For:	2010	011 Category/ Type	Contribution
	Senate President District: 08	X Primary Other (spe	General ecify) ▼		Contribution
Full Name (Last, F Doggett For U.S	. ,				Transaction ID: 17988525  Date of Disbursement
Mailing Address  City	PO Box 5843	State	Zip Code		Amount of Each Disbursement this Period
Austin Purpose of Disbur Contribution Candidate Name Rep. Lloyd Dog		TX	78763	011 Category/ Type	2000.00
Office Sought:	X House C Senate President District: 25	Disbursement For:  X Primary  Other (spe	2010 General ecify)		Contribution
Full Name (Last, F Tammy Baldwir	. ,				Transaction ID: 17988527  Date of Disbursement
Mailing Address	P.O. Box 696				011 28 2010
City Madison		State WI	Zip Code 53701		Amount of Each Disbursement this Period 1000.00
Purpose of Disbur Contribution Candidate Name Rep. Tammy Ba	aldwin			011 Category/ Type	
Office Sought: State: WI	X House C Senate President District: 02	Disbursement For:  X Primary Other (spe	2010 General ecify)		Contribution
	ursements This Page (o	otional)		<b>&gt;</b>	4000.00

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	rone)
	Detailed Suffilliary Fage	27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the name	e and address of any political co	mmittee to soi	icit contributions from such committee
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
American Hospital Association FAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 17988529
Steve Israel For Congress Committee			Date of Disbursement
Mailing Address PO Box 777			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & 1 & O \end{smallmatrix} \end{bmatrix}$
City Deer Park	State Zip Code NY 11729		Amount of Each Disbursement this Period
Purpose of Disbursement	Г		1000.00
Contribution		011	
Candidate Name Rep. Steve J. Israel		Category/ Type	
Office Sought: X House Disburse	ment For: 2010	- 71	Contribution
Senate	Primary X General		Contribution
State: NY District: 02	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 17988533
Halvorson For Congress			Date of Disbursement
Mailing Address PO Box 176			01 28 7 2010
City Crete	State Zip Code IL 60417		Amount of Each Disbursement this Period
Purpose of Disbursement	00117		2000.00
Contribution		011	
Candidate Name Rep. Deborah L. Halvorson		Category/ Type	
<u> </u>	ement For: 2010	. )   0	Contribution
	Primary General		Contribution
President State: IL District: 11	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 17988688
Friends Of John Tanner			Date of Disbursement
Mailing Address Post Office Box 1994			0 1 M / D 3 1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
TOST OTHER BOX 1334			
City Union City	State Zip Code TN 38281		Amount of Each Disbursement this Period
Purpose of Disbursement	00201		-1500.00
Void of 10/09 check		011	
Candidate Name Rep. John S. Tanner		Category/ Type	
Office Sought: X House Disburse	ement For: 2010	1) 10	Void of 10/09 check
	Primary General		Void of 10/09 check
President State: TN District: 08	Other (specify)		
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	1500.00
TOTAL This Period (last page this line number only)			67500.00

TOTAL This Period (last page this line number only) .....